



# REPORT OF BUSINESS EXPENSES

## NATIONAL POSTAL MAIL HANDLERS UNION LOCAL 308 AFL-CIO, DIVISION OF LIUNA

NAME: ROBERT NUSS

LEVEL 5

STEP P

TOUR 3

ADDRESS: 124 E. 5<sup>TH</sup> ST  
LANSDALE PA 19446

NIGHT DIFF: 1.62 HR 6 TO 11:30

DROP DAYS SAT/SUN

SS# 192-52-4548

PERIOD: 12/01/2015 TO 12/02/2015

1 DATE	2 LOCATION	3 MILEAGE		4 TRANSPOR- TATION <small>PARKING, TOLLS, TAXIS, TIPS...</small>	5 LODGING, MEALS TELEPHONE VOUCHERS	6 ORGANIZA- TIONAL VOUCHERS	7 SALARY
		# Of Miles	RATE \$0.57.5				
05/20/ 2015	MH OFFICE	58.6	.57.5				
05/20/ 2015	NIGHT DIFF						8.91
05/20/ 2015	SALARY						218.24
<i>TOTAL BY ITEM</i>		58.6	33.70				227.15

**260.85**

CHECK NO. \_\_\_\_\_

**GRAND TOTALS** \_\_\_\_\_

**DATE PAID** \_\_\_\_\_

All vouchers and receipts to support this report are to be submitted.

I hereby certify that the expenses reported for reimbursement are true and arose in connection with the performance of my union activities and union duties.

5/20/2015

5.20.15

FOR OFFICE USE ONLY  
PAYROLL DEDUCTIONS

Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Days Lost Time \_\_\_\_\_ \$ \_\_\_\_\_

Fed. Ins. Cont. Act \_\_\_\_\_

Fed. WH Tax \_\_\_\_\_

State WH Tax \_\_\_\_\_

Other \_\_\_\_\_

Reimbursed Expenses \_\_\_\_\_

